K123982

510(k) Summary

JAN 2 3 2013

Date: December 19, 2012

Manufacturer:
Encore Medical, L.P.
9800 Metric Blvd
Austin, TX 78758

Contact Person:
Michaela Norris
Regulatory Affairs Associate
Phone: (512) 834-6291
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michaela.norris@djoglobal.com

Product	Classification	Product Code
Turon e+ Glenoid	Class II	KWS – Shoulder joint metal/polymer semiconstrained cemented prosthesis per 21 CFR 888.3660 PAO – Shoulder joint metal/polymer semiconstrained cemented prosthesis per 21 CFR 888.3660

Description: The purpose of this application is to include a new keeled and pegged glenoid for the Turon Shoulder System manufactured with both the standard UHMWPE and highly crossed linked UHMWPE infused with Vitamin E.

Indications for Use:

Joint replacement is indicated for patients suffering from disability due to:

- noninflammatory degenerative joint disease including osteoarthritis and avascular necrosis of the humeral head and/or glenoid;
- rheumatoid arthritis;
- correction of functional deformity;
- humeral fracture.

This device may also be indicated in the salvage of previously failed surgical attempts.

This system is to be used for cemented applications

Predicate Devices:

DJO Surgical Encore Shoulder System – K080402
DJO Surgical Highly Crossed-Linked VE Polyethylene Material UHMWPE Tibial Insert – K091956

Comparable Features to Predicate Device(s): Features comparable to predicate devices include the same design features, materials, indications sterilization, packaging and intended use.

Non-Clinical Testing: Testing included: cyclic displacement test, glenoid pull-out test, impact resistance, small punch testing, tensile testing, oxidation testing, biocompatibility, and cytotoxicity.

Clinical Testing: None provided.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

Encore Medical, L.P.
% Ms. Michaela Norris
Regulatory Affairs Associate
9800 Metric Boulevard
Austin, Texas 78758

Letter dated: January 23, 2013

Re: K123982
Trade/Device Name: Turon e+ Glenoid
Regulation Number: 21 CFR 888.3660
Regulation Name: Shoulder Joint Metal/Polymer Semiconstrained Cemented Prosthesis
Regulatory Class: Class II
Product Code: KWS, PAO
Dated: December 19, 2012
Received: December 26, 2012

Dear Ms. Norris:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, Misbranding by reference to premarket notification (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htmfor the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Mark N. Melkerson
Director
Division of Orthopedic Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K123982

Device Name: Turon e+ Glenoid

Indications for Use:

Turon e+ Glenoid
Indications for Use

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Prescription Use _X_ (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Krishna Asundi, PhD
Division of Orthopedic Devices